

FILED
IN CLERKS OFFICE
US DISTRICT COURT E.D.N.Y.

★ FEB -9 2015 ★

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

BROOKLYN OFFICE

IN CLERKS OFFICE
US DISTRICT COURT E.D.N.Y.

★ FEB 11 2015 ★

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

BROOKLYN OFFICE

Parbathe Shanille Maraj
Full name of plaintiff/prisoner ID# 62496-054

Plaintiff,

JURY DEMAND

YES NO

-against-

2ND AMENDED COMPLAINT
14-CV-4825 (SLT)(CLP)Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]City of New York
Defendants. x

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (✓)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: N/ADefendants: N/A2. Court (if federal court, name the district;
if state court, name the county)N/A3. Docket Number: N/A

4. Name of the Judge to whom case was assigned: N/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: FMC Carowell Federal Medical Center

A. Is there a prisoner grievance procedure in this institution? Yes (~~)~~ No (☒)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not Because this lawsuit is against the City of New York & is not applicable to FMC Carowell.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? I put the grievance in the grievance box contained at Ryker's Island in New York City

2. What was the result? I never heard back from anyone regarding the complaint.

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Parbatie Sharnille Maraj
Address FMC Carswell, Federal Medical Center
P.O. Box 27137, Ft. Worth, TX 76127

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

City of New York

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

Second
**AMENDED
COMPLAINT**

Plaintiff,
Parvattie Shanille Maraj
-against-

14 cv 4825 SLT(P)

Defendants
City of New York -----X

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

In June 2012, my ovarian cancer returned after being in remission for five years while I was detained at the Metropolitan Correctional Center in Manhattan. Doctors removed my spleen & administered 14 chemotherapy cycles.

Two of my cellmates cared for me during my treatments & subsequently became sick. After my release, I commenced treatment at Sloan's Cancer Treatment Center starting 8/21/2012.

On 5/29/2013, police from Queen's Detective Squad entered my home without a search warrant & removed property, including,

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

No injuries were sustained. However, I was diagnosed with terminal cancer while in custody with New York City Correctional System that was not treated adequately.

TOWNES - United States District Judge
Case # 14-CV-4825 (SLT)(CLP)

(1)

IV. Statement of Claim - continued

my passport, Social Security card, driver's license, cameras, computers & cell phones. The computers & phones in my home did not belong to me.

I was undergoing chemotherapy at that time & felt weak & sick. Even when I explained my chemotherapy side effects to the officers, I was still not allowed to eat prior to transporting me to the police station for questioning.

I was forced into signing a statement that was not written by me.

I was then taken to a Queen's Booking facility & held 73 hours in a filthy holding bin, where I developed a urinary tract infection with a fever.

I was then held in a dull pen at Rikers Island for 24 hours before I received medical screening. I received no medical treatment despite the medical screening.

I proceeded to file a complaint with the New York State Health Department on 9/26/2013. I received a response directing me to forward my complaint to Rikers officials.

In late December 2013, I jumped & fell & upon receiving a CAT scan, it was

TOWNES - United States District Judge
Case #14-CV-4825 (SLT)(CLP)

(2)

IV Statement of Claim - continued

discovered that I had a small tumor that I was told was too small to be biopsied. The treating physician ordered me to seek treatment at Sloans. Rikers did NOT return me to Sloans for recommended treatment.

Finally on 12/29/2013, I was transferred to Clonchurst Hospital & a CAT Scan revealed that my cancer had metastasized & doctors gave me less than a year to live.

A doctor from Rikers Island, known as the director of medical care, Dr. McDonald also diagnosed me with less than a year to live & he apologized for & on behalf of Rikers for not providing me with the treatment I needed in a more timely & efficient manner as I could have made a difference in my diagnosis.

I requested that MCC be prevented from transferred to BOP Carcwell, a federal medical facility in Fort Worth, Texas on the basis Carcwell could not provide me with adequate care.

I was transferred to Carcwell on August 20, 2014, even though I was

TOWNES - United States District Judge
Case # - 14-CV-4825 (SLT) (CLP)
(3)

IV Statement of Claim - continued

Suffering from intense pain, anxiety & depression due to the cancer returning & ongoing treatment needs.

I believe that the unsanitary conditions in a prison environment puts me at a huge risk of obtaining an infection as I have no natural immunity due to the removal of my spleen.

I am asking for my immediate release so I can obtain treatments that are effective & can prolong my life. I am currently receiving only only experimental chemotherapy.

I also request my seized property & monetary damages of \$15 million & my immediate release from Carrowell so I can seek treatment from Sloan in New York City & live with my family while my treatments progress & my cancer is cured.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I am seeking my immediate Release from FMC Carowell so I may obtain effective Chemotherapy treatment at Sloan in NYC & be with my family.

I am also seeking the Return of all my personal property that was seized. I am also seeking \$15 million in monetary damages for delay of my cancer treatment.

I declare under penalty of perjury that on _____, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this _____ day of _____, 20____. I declare under penalty of
perjury that the foregoing is true and correct.

Paula Marie S. May
Signature of Plaintiff

FMC Carowell
Name of Prison Facility

Federal Medical Center
P.O. Box 27137
 Ft. Worth, TX 76127
Address

62496-054
Prisoner ID#

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

Parbathe Shanille Maraj
Full name of plaintiff/prisoner ID# 62496-054

Plaintiff,

JURY DEMAND

YES _____ NO (X)

-against-

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

City of New York Defendants. x

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district;
if state court, name the county)

N/A

3. Docket Number: N/A

4. Name of the Judge to whom case was assigned: N/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: FMC Carowell Federal Medical Center

A. Is there a prisoner grievance procedure in this institution? Yes (~~)~~ No (☒)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not Because this lawsuit is against the City of New York & is not applicable to FMC Carowell.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? I put the grievance in the grievance box contained at Riker's Island in New York City

2. What was the result? I never heard back from anyone regarding the complaint.

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Parvathie Sharnille Maraj
Address FMC Carswell, Federal Medical Center
P.O. Box 27137, Ft. Worth, TX 76127

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

City of New York

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

Second
**AMENDED
COMPLAINT**

Plaintiff,
Parvattie Shanille Maraj
-against-

14 CV *4828* (SLT/CP)

Defendants
City of New York -----X

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

In June 2012, my ovarian cancer returned after being in remission for five years while I was detained at the Metropolitan Correctional Center in Manhattan. Doctors removed my spleen & administered 14 chemotherapy cycles. Two of my cellmates cared for me during my treatments & subsequently became sick. After my release, I commenced treatment at Sloan's Cancer Treatment Center starting 8/21/2012.

On 5/29/2013, police from Queen's Detective Squad entered my home without a search warrant & removed property, including,

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

No injuries were sustained. However, I was diagnosed with terminal cancer while in custody with New York City Correctional System that was not treated adequately.

TOWNES - United States District Judge
Case # 14-CV-4825 (SLT)(CLP)

(1)

IV. Statement of Claim - continued

my passport, Social Security card, driver's license, cameras, computers & cell phones. The computers & phones in my home did not belong to me.

I was undergoing chemotherapy at that time & felt weak & sick. Even when I explained my chemotherapy side effects to the officers, I was still not allowed to eat prior to transporting me to the police station for questioning.

I was forced into signing a statement that was not written by me.

I was then taken to a Queen's Booking facility & held 73 hours in a filthy holding bin, where I developed a urinary tract infection with a fever.

I was then held in a dull pen at Rikers Island for 24 hours before I received medical screening. I received no medical treatment despite the medical screening.

I proceeded to file a complaint with the New York State Health Department. On 9/26/2013, I received a response directing me to forward my complaint to Rikers officials.

In late December 2013, I faxed a letter & upon receiving a CAT scan, it was

TOWNES - United States District Judge
Case #14-CV-4825 (SLT)(CLP)

(2)

IV Statement of Claim - continued

discovered that I had a small tumor that I was told was too small to be biopsied. The treating physician ordered me to seek treatment at Sloan. Rikers did NOT return me to Sloan for recommended treatment.

Finally on 12/29/2013, I was transferred to Elmhurst Hospital & a CAT Scan revealed that my cancer had metastasized & doctors gave me less than a year to live. A doctor from Rikers Island, known as the director of medical care, Dr. McDonald also diagnosed me with less than a year to live & he apologized for & on behalf of Rikers for not providing me with the treatment I needed in a more timely & efficient manner as I could have made a difference in my diagnosis.

I requested that MCC be prevented from transferring to BOP Carceral, a federal medical facility in Fort Worth, Texas on the basis Carceral could not provide me with adequate care.

I was transferred to Carceral on August 20, 2014 even though I was

TOWNES - United States District Judge
(Case # - 14-CV-4825 (SLT) (CLP))
(3)

IV Statement of Claim - continued

Suffering from intense pain, anxiety & depression due to the cancer's returning & ongoing treatment needs.

I believe that the unsanitary conditions in a prison environment puts me at a huge risk of obtaining an infection as I have no natural immunity due to the removal of my spleen.

I am asking for my immediate release so I can obtain treatments that are effective & can prolong my life. I am currently receiving only only experimental chemotherapy.

I also request my seized property & monetary damages of \$15 million & my immediate release from Carwell so I can seek treatment from Sloan in New York City & live with my family while my treatments progress & my cancer is cured.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I am seeking my immediate Release from FMC Carowell so I may obtain effective Chemotherapy treatment at Sloan in NYC & be with my family.

I am also seeking the Return of all my personal property that was seized. I am also seeking \$15 million in monetary damages for delay of my cancer treatment.

I declare under penalty of perjury that on _____, I delivered this (Date) complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this _____ day of _____, 20____. I declare under penalty of perjury that the foregoing is true and correct.

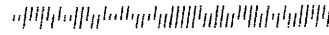
Paula Marie S. May
Signature of Plaintiff

FMC Carowell
Name of Prison Facility

Federal Medical Center
P.O. Box 27137
Ft. Worth, TX 76127
Address

62496-054
Prisoner ID#

Name Purbattia S. Naraj
Reg. No. 62496054
Federal Medical Center, Carswell
P.O. Box 27137
Ft. Worth, TX 76127



⇔62496-054⇔
Clerk Of Us District Court
Eastern District OF NY
225 Cadman PLZ W
Brooklyn, NY 11201
United States

Attention: PRO Se

